

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		08/09/01
O.I.P.E. CLASSIFIER		<i>12</i>	<i>8/11</i>
FORMALITY REVIEW	<i>SL</i>	1085	9-28-01
RESPONSE FORMALITY REVIEW	<i>73</i>	1127	04/08/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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580/1035

503-580-0802
 4/18/02